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PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875
Application or Docket Number
*09/901479***CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|---|--------------|---------------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | <i>23</i> | minus 20 = <i>3</i> |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

SMALL ENTITY

OR

| RATE | FEES |
|--------------|----------|
| | \$ _____ |
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

**OTHER THAN
SMALL ENTITY**

OR

| RATE | FEES |
|--------------|-----------|
| | \$ _____ |
| X \$ _____ = | <i>20</i> |
| X \$ _____ = | <i>3</i> |
| + \$ _____ = | |
| TOTAL | |

CLAIMS AS AMENDED - PART II
9.20-04
 (Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total (37 CFR 1.16(c)) | <i>19</i> | Minus | <i>20</i> | = <i>1</i> |
| Independent (37 CFR 1.16(b)) | <i>2</i> | Minus | <i>3</i> | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

SMALL ENTITY

OR

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

**OTHER THAN
SMALL ENTITY**

OR

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

SMALL ENTITY

OR

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

**OTHER THAN
SMALL ENTITY**

OR

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

SMALL ENTITY

OR

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

**OTHER THAN
SMALL ENTITY**

OR

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

**** If the "Highest Number Previously Paid For" (Total or Independent) is 11, then the number found in the appropriate box in column 1 is the "Highest Number Previously Paid For".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.